PAGE 1 / 12

Image# 201511209003408381

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An	Authorized Commit	tee		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typ	ing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	Į.	121.174112	
HOUSE CONSERVA	TIVES FUND				
ADDRESS (number and street)	228 S. Washington St.,	Ste. 115			
Check if different					
than previously reported. (ACC)	Alexandria			VA L	22314
2. FEC IDENTIFICATION N	IUMBER ▼	CITY A	5	STATE A	ZIP CODE ▲
C C00326439	3	B. IS THIS REPORT	NEW (N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) X Nov 20 (M1° (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12 (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) (c) 12-Day	Primary (12	P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2) PRE-Election Report for th		(12C)	Special (12S)
October 15 Quarterly Report (.,	
January 31 Year-End Report (YE)EI	ection on	D D /	Y 11 Y 11 Y 11 Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Electic Report for th	· ·	G)	Runoff (3	OR) Special (30S
Termination Repor (TER)	t	ection on	D = D /	Y Y Y Y Y	in the State of
5. Covering Period 1	0 01 20	15 through	10	31	2015
I certify that I have examined t	his Report and to the bes	st of my knowledge and	belief it is tru	e, correct and	I complete.
Type or Print Name of Treasur	er Lisa Lisker				
Signature of Treasurer Lisa	ı Lisker	[Electronical	<i>ly Filed]</i> □	ate 11	/ 20 / Y Y Y Y Y Y Y 2015
NOTE: Submission of false, error	neous, or incomplete inform	nation may subject the pe	rson signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office					FEC FORM 3X
Use Only					Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

HOUSE CONSERVATIVES FUND

01 2015 10 2015 Report Covering the Period: 10 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 93771.65 January 1, 2015 (b) Cash on Hand at 81970.56 Beginning of Reporting Period..... 192613.14 12210.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 94180.56 286384.79 6(a) and 6(c) for Column B)..... 18589.11 210793.34 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 75591.45 75591.45 (subtract Line 7 from Line 6(d)).....

10. Debts and Obligations Owed **BY** the Committee (Itemize all on

Debts and Obligations Owed **TO** the Committee (Itemize all on

Schedule C and/or Schedule D)

Schedule C and/or Schedule D)

23364.03

0.00

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HOUSE CONSERVATIVES FUND

ontributions (other than loans) From:		Calendar Year-to-Date
) Individuals/Persons Other		
Than Political Committees	0.00	31500.00
(i) Itemized (use Schedule A)	0.00	31500.00
(ii) Unitemized	210.00	9753.51
Lines 11(a)(i) and (ii)▶	210.00	41253.51
Political Party Committees	0.00	0.00
(such as PACs)	12000.00	136500.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	12210.00	177753.51
arty Committees	0.00	4646.63
=		
Il Loans Received	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
oan Repayments Received	0.00	0.00
	7	7
Carry Totals to Line 37, page 5)	0.00	10213.00
efunds of Contributions Made		
Federal Candidates and Other		
olitical Committees	0.00	0.00
ther Federal Receipts		
Dividends, Interest, etc.)	0.00	0.00
ansfers from Non-Federal and Levin Funds	7	7 7
) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
) Levin Funds (from Schedule H5)	0.00	0.00
) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	(iii) TOTAL (add Lines 11(a)(i) and (ii)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Total Tillo I Ollow	Calcinal Teal-to-Date
	(i) Federal Share	0.00	0.00
	(i) I ederal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	18589.11	210793.34
(c)	Total Operating Expenditures	10500 11	210702 24
Tuo	(add 21(a)(i), (a)(ii), and (b))▶	18589.11	210793.34
	nsfers to Affiliated/Other Party	0.00	0.00
Cor	ntributions to	0.00	3.55
Fed and	leral Candidates/Committees Other Political Committees	0.00	0.00
	ependent Expenditures		
(use	e Schedule E)	0.00	0.00
Coc (2 l	ordinated Party Expenditures J.S.C. §441a(d))		
(use	J.S.C. §441a(d)) e Schedule F)	0.00	0.00
		0.00	0.00
Loa	n Repayments Made	0.00	0.00
Loo	ns Made	0.00	0.00
	unds of Contributions To:	5.50	3.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	That I shilled committees		
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees		
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
(u)	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	(444 25 26(4), (2), 44 (5),		
Oth	er Disbursements	0.00	0.00
		7	
Fed	leral Election Activity (2 U.S.C. §431(20))		
(a)	Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)	Federal Election Activity Paid Entirely		
(~)	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Tata	Dishurasments (add Lines 21/s) CC		
	al Disbursements (add Lines 21(c), 22, 24, 25, 26, 27, 28(d), 29 and 30(c))	10500 11	040700 04
۷۵,	27, 20, 20, 21, 20(u), 29 dilu 30(b))	18589.11	210793.34
Tota	al Federal Disbursements		
(sub	otract Line 21(a)(ii) and Line 30(a)(ii)		
fron	n Line 31)	18589.11	210793.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		i age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12210.00	177753.51
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12210.00	177753.51
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	18589.11	210793.34
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10213.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	18589.11	200580.34

S П

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate for each cate Detailed Sum	egory of the
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any p	or used by any person for the purpose of soliciting contributions solitical committee to solicit contributions from such committee.
HOUSE CONSERVATIVES FU	JND	
A. Full Name (Last, First, Middle Initial) BLUEPAC - BLUE CROSS BLUE St Mailing Address 1310 G STREET NW	HIELD ASSOCIATION PA	Date of Receipt
		10 02 2015
City WASHINGTON	State Zip Code DC 20005	Transaction ID : SA11C.82333 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00194746	1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
Full Name (Last, First, Middle Initial) B. EYE OF THE TIGER POLITICAL A	CTION COMMITTEE; T	THE Date of Receipt
Mailing Address PO BOX 2485		10 02 2015
City	State Zip Code	Transaction ID : SA11C.82327
SPRINGFIELD	VA 22152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00467431	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5000.00
Full Name (Last, First, Middle Initial) C. JOHN S FUND		Date of Receipt
Mailing Address PO BOX 853		10 02 2015
City EDWARDSVILLE	State Zip Code IL 62025	Transaction ID : SA11C.82328 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00390831	1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	2000.00
SUBTOTAL of Receipts This Page (optional)		7000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 7 OF 12 Use separate schedule(s) (check only one) for each category of the **X** 11c 11a 11b 12 Detailed Summary Page 13 14 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than u	sing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVE	S FUND	
Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS Mailing Address PO BOX 23219		Date of Receipt
		10 02 2015
City JEFFERSON	State Zip Code LA 70183	Transaction ID : SA11C.82329
	LA 70103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00394957	5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial)	<u>'</u>	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)	I .	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼		
SUBTOTAL of Receipts This Page (opti	onal)	5000.00
TOTAL This Period (last page this line i	number only)	12000.00

ľ

	CHEDULE B (FEC Form 3X)	Use separate schedule(, , , , , I TOIT EINE NOMBEIT.					PAGE	8	OF 12	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page)	(check only 21b 27	one) 22 28a	25	3 Bb		4 8c	25 29	26 30b
	y information copied from such Reports and Statem for commercial purposes, other than using the nam										
<u>ÿ.</u>	NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FUND		oui		2011011 001		5.10		34311		
Α.	Full Name (Last, First, Middle Initial) Authorize.net				Date of	Disbu	ırser	nent			
	Mailing Address PO Box 8999				10	/	02	_		2015	Y
	City	State Zip Code			T			CDO	4 D. 000	005	
	San Francisco	CA 94128			irans	action	: טו ו	3B2	1B.823	525	
	Purpose of Disbursement Merchant Fees				Amount	of Ea	ıch [Disbu	rsemer	nt this	Period
	Candidate Name			Category/ Type			Ι	Ξ	,	2	5.73
		nent For: Primary General Other (specify) ▼	'								
_	State: District:										
В.	Full Name (Last, First, Middle Initial) BB&T				Date of	_	ırser		V	Y	V
	Mailing Address 14785 Forest Rd.				10]	15	_		2015	
	Forest	State Zip Code VA 24551			Trans	action	ID:	SB2	1B.82	326	
	Purpose of Disbursement Merchant Fees		Г		Amount	of Ea	ıch [Disbu	rsemer	nt this	Period
	Candidate Name			Category/ Type		.,	Ι		,	5	1.35
		nent For: Primary General Other (specify)	'								
<u> </u>	Full Name (Last, First, Middle Initial) BB&T				Date of	Disbu	ırser	nent			
	Mailing Address 14785 Forest Rd.				10	/	20	_		2015	Y
	,	State Zip Code VA 24551			Trans	action	ID:	SB2	1B.82	324	
	Purpose of Disbursement Merchant Fees		Г		Amount	of Fa	nch [Disbu	rsemer	nt this	Period
	Candidate Name			Category/ Type	, anodin	01 20		31000			3.10
	President	nent For: Primary General Other (specify)		71-		7	Ī	İ	7		
	State: District:										
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)						+	+		90	0.18

ľ

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 9 OF 12					
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 24 28a 28b 28c	25 26 29 30b				
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
<u>S.</u>	NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FUND			Solicit Contributions from Such	commutee.				
_	Full Name (Last, First, Middle Initial)			B . (B)					
Α.	Epiphany Productions			Date of Disbursement	V V				
	Mailing Address 104 Hume Ave.			10 31 2015					
	,	State Zip Code		Transaction ID : SB21B.8	2323				
	Alexandria Purpose of Disbursement	VA 22301							
	Fundraising Consulting/Travel/Catering			Amount of Each Disbursem	ent this Period				
	Candidate Name		Category/		11833.43				
	Office Courses		Type		11033.43				
	Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify) ▼							
_	State: District:								
В.	Full Name (Last, First, Middle Initial) Gober Hilgers			Date of Disbursement	Y				
	Mailing Address PO Box 341016			10 16					
	City S Austin Purpose of Disbursement	State Zip Code TX 78734		Transaction ID : SB21B.8	2318				
	Legal Fees			Amount of Each Disbursem	ent this Period				
	Candidate Name		Category/ Type		1962.50				
		nent For: Primary General Other (specify)							
С.	Full Name (Last, First, Middle Initial) Go Big Media Inc.			Date of Disbursement					
	Mailing Address 718 8th St., NW 2nd Fl.			10 16	2015				
	Washington	State Zip Code DC 20001		Transaction ID : SB21B.8	2320				
	Purpose of Disbursement Media Consulting Candidate Name		Category/ Type	Amount of Each Disbursem	ent this Period				
	Office Sought: House Senate President State: Disbursen	nent For: Primary General Other (specify)	25.5						
H	CUBTOTAL of Disbursements This Page (optional)				16795.93				

ľ

or each category of the Detailed Summary Page In the Detailed Page Page Page Page Page Page Page Page	SCHEDULE B (FEC Form 3X)	Han annount out 11.75	FOR LINE	OR LINE NUMBER: PAGE 10 OF 12					
Detailed Summary Page 27 28a 28b 25c 29 30b	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		24 25 26				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) HOUSE CONSERVATIVES FUND Full Name (Last, First, Middle Initial) A. The Greenbriar Mailing Address 300 West Main St. City White Sulpher Springs WV 24986 Purpose of Disbursement Event Site Rontal Candidate Name Category/ Type Date of Disbursement this Period Transaction ID : \$8218.82321 Amount of Each Disbursement 10 0 8 2015 Transaction ID : \$8218.82321 Date of Disbursement this Period Category/ Type Date of Disbursement 10 0 8 2015 Transaction ID : \$8218.82317 Amount of Each Disbursement Bank Free Candidate Name Category/ Type Charictes Principal of Disbursement Bank Free Candidate Name Category/ Type Date of Disbursement Bank Free Candidate Name Category/ Type Date of Disbursement Bank Free Candidate Name Category/ Type District Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Date of Disbursement this Period Candidate Name Candidate Name Candidate Name Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Da			1 📖						
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) HOUSE CONSERVATIVES FUND Full Rame (Last, First, Middle Initial) A. The Greenbriar Mailing Address 300 West Main St. City State Zip Code WV 24996 Purpose of Disbursement Event Dise Retail Candidate Name City State Distor Senate Primary General Other (specify) ▼ Date of Disbursement Distor Transaction ID : \$8218.82321 Amount of Each Disbursement Transaction ID : \$8218.82321 Amount of Each Disbursement Transaction ID : \$8218.82321 Amount of Each Disbursement Distor Full Name (Last, First, Middle Initial) Wells Fargo Mailing Address P.O. Box \$63966 City State City State Senate Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought: Senate Primary General Other (specify) ▼ Date of Disbursement Transaction ID : \$8218.82317 Amount of Each Disbursement Bank Fee Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Distor: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Type Office Sought: Sought Furpose of Disbursement Distor: Sought Transaction ID : \$8218.82317 Amount of Each Disbursement this Period Amount of Each Disbursement this Period Type Office Sought: Furpose of Disbursement Distor: Sought Transaction ID : \$8218.82317 Amount of Each Disbursement this Period Transaction ID : \$8218.82317 Amount of Each Disbursement this Period Transaction ID : \$8218.82317 Amount of Each Disbursement this Period Transaction ID : \$8218.82317 Amount of Each Disbursement this Period Transaction ID : \$8218.82317 Amount of Each Disbursement this Period Transaction ID : \$8218.82317 Amount of Each Disbur	Any information copied from such Reports and Staten	nents may not be sold or used							
Full Name (Last, First, Middle Initial) A. The Greenbriar Mailing Address 300 West Main St. City White Sulpher Springs WV 24986 Purpose of Disbursement Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address P.D. Box 563966 City State Disbursement Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address P.D. Box 563966 City State Disbursement Bank Ree Candidate Name Category' John State: Disbursement Date of Disbursement Transaction ID : S8218.82321 Amount of Each Disbursement Date of Disbursement Date of Disbursement Transaction ID : S8218.82317 Amount of Each Disbursement bris Period Category' John State: District: Full Name (Last, First, Middle Initial) Candidate Name Category' John State: District: Full Name (Last, First, Middle Initial) Candidate Name Category' John State: District: Full Name (Last, First, Middle Initial) Category' John State: District: Full Name (Last, First, Middle Initial) Category' John State: District: Full Name (Last, First, Middle Initial) Category' John State: District: Full Name (Last, First, Middle Initial) Category' John State: District: Full Name (Last, First, Middle Initial) Category' John State: District: Full Name (Last, First, Middle Initial) Category' John State: District: Date of Disbursement this Period Category' Type Amount of Each Disbursement this Period Category' Type John State: District: Date of Disbursement this Period Category' Type John State: District: Date of Disbursement this Period Category' Type John State: District: Amount of Each Disbursement this Period Category' Type John State: District: John State: District: Transaction ID: S8218.82321 Amount of Each Disbursement this Period Category' Type John State: John Sta	or for commercial purposes, other than using the name								
Full Name (Last, First, Middle Initial) A. The Greenbriar Mailing Address 300 West Main St. City State Zip Code With Sulpher Springs WV 24996 Purpose of Disbursement Event Site Rental Candidate Name City State Primary General Primary General Purpose of Disbursement B. Wells Fargo Mailing Address P.O. Box 563966 City State Zip Code Charlotte NC 28256 City State Zip Code Nc 28256 City	` '								
A. The Greenbriar Mailing Address 300 West Main St. City State Zip Code Wild Sulpher Springs WV 24986 Purpose of Disbursement Event Size Rental Candidate Name Office Sought: House Disbursement For: Senate Primary General Propose of Disbursement Bank Fee Candidate Name Category/ Mailing Address P.O. Box 563966 City State Zip Code NC 28256 City State Zip Code NC 28256 Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General President Size: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code NC 28256 Category/ Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate Primary General Prima	/ HOUSE CONSERVATIVES FUND								
City	Full Name (Last, First, Middle Initial)								
Mailing Address 300 West Main St. City State Zip Code White Supher Springs W Zate Zip Code With State Senate President State: District: Full Name (Last, First, Middle Initial) Well's Fargo Mailing Address P.O. Box 663966 City State Zip Code NC 28256 Candidate Name Candidate Name Cardidate Name Candidate Name Candidate Name Candidate Name Cardidate Name Cardidate Name Cardidate Name City State Zip Code NC 28256 City Senate Primary General Primary Amount of Each Disbursement this Period Cardidate Name Cardidate Name Cardidate Name City State Zip Code NC 28256 City Senate Primary General Primary General Cardidate Name City State Zip Code Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Cardidate Name City State Zip Code Purpose of Disbursement Cardidate Name City State Zip Code Purpose of Disbursement Cardidate Name Car	A. The Greenbriar			Date of Disburse	ement				
City White Sulpher Springs WW 24986 Purpose of Disbursement Event Site Rontal Candidate Name City Charlote Candidate Name Category' Type Disbursement For: Sanate Primary Category' Type Catego	Mailing Address 300 West Main St								
White Sulpher Springs Purpose of Disbursement Bank Fee Candidate Name City Charlotte Bank Fee Candidate Name City Charlotte Candidate Name Disbursement For: Senate President State: Disbursement Di				i,o	2010				
Purpose of Disbursement Event Sile Rental Candidate Name Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Candidate Name Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Disbursement Disbursement For: Senate Primary General Other (specify) Tansaction ID: SB21B.82317 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name City State: Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period	•			Transaction ID	: SB21B.82321				
Event Site Rental Candidate Name Category/ Office Sought: House Primary General		WV 24986							
Office Sought:				Amount of Each	Disbursement this Period				
Office Sought: House	Candidate Name		Category/		1700.00				
Senate President Other (specify) ▼ State: District: District: Other (specify) ▼	Office Courbby House				1700.00				
State: District: Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Wells Fargo Mailing Address P.O. Box 563966 City State Zip Code Charlotte NC 28256 Purpose of Disbursement Bank Fee Candidate Name Candidate Name Candidate Name Coandidate Name Full Name (Last, First, Middle Initial) Ct. Full Name (Last, First, Middle Initial) Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Coandidate Name Category/ Type Office Sought: Disbursement Category/ Type Office Sought: Disbursement Category/ Type Office Sought: District: District: Full Name (Last, First, Middle Initial) Coategory/ Type Office Sought: Disbursement Candidate Name Category/ Type Office Sought: Disbursement Candidate Name Other (specify) ▼ State: District: Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Other (specify) ▼ Substortal of Disbursement this Period									
Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 563966 City State Zip Code Charlotte NC 28256 Purpose of Disbursement Bank Fee Candidate Name Candidate Name City Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) Type Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) Type Office Sought: House Primary General Other (specify) Type Other (specify) Type 1703.00									
Mailing Address P.O. Box 563966 City State Zip Code Charlotte NC 28256 Purpose of Disbursement Bank Fee Candidate Name Cardigate Name City Senate Primary General Other (specify) ▼ Date of Disbursement this Period Transaction ID : SB21B.82317 Amount of Each Disbursement this Period Category/ Type City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement For: Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Date of Disbursement Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	State: District:								
Mailing Address P.O. Box 563966 City State Zip Code NC 28256 Purpose of Disbursement Bank Fee Candidate Name Disbursement For: Senate Primary General City State Zip Code Purpose of Disbursement this Period Transaction ID: SB21B.82317 Amount of Each Disbursement this Period Category/ Type Date of Disbursement Candidate Name Category/ Type Disbursement For: Category/ Type City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Substract Substract Amount of Each Disbursement this Period Amount of Each Disbursement this Period Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ Substract Substract Substract Amount of Each Disbursement this Period Type				Data of Diabura	amont.				
Mailing Address P.O. Box 563966 City State Zip Code NC 28256 Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought:	• vvelis Fargo								
Charlotte NC 28256 Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought: House Primary General President State: District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Category/ Type Office Sought: House Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Mailing Address P.O. Box 563966								
Charlotte NC 28256 Purpose of Disbursement Bank Fee Candidate Name Category/ Type Office Sought: House Primary General President State: District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Category/ Type Office Sought: House Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)									
Purpose of Disbursement Bank Fee Candidate Name Condidate Name Condidate Name Disbursement For: Senate President State: District: City State City State Disbursement Candidate Name City State Disbursement Candidate Name Condidate Name Condidate Name Disbursement Condidate Name Condidate Name Disbursement Condidate Name Condidate Name Disbursement Condidate Name Disbursement For: Senate Primary General Other (specify) Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Type Office Sought: President State: District: Substock Substock Substock Amount of Each Disbursement this Period Amount of Each Disbursement this Period Type Amount of Each Disbursement this Period Type				Transaction ID	: SB21B.82317				
Candidate Name Category/ Type 3.00	Purpose of Disbursement	20200							
Office Sought: House Senate Primary General Other (specify) V State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) V Office Sought: House Other (specify) V State: District: Supart Primary General Other (specify) V State: District: Supart Primary General Other (specify) V State: District:				Amount of Each	Disbursement this Period				
Office Sought:	Candidate Name				3.00				
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substoctate Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:	Туре						
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substoctal of Disbursements This Page (optional)									
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substoctal of Disbursements This Page (optional)		Other (specify) ▼							
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtotal of Disbursement Amount of Each Disbursement this Period Category/ Type Type Amount of Each Disbursement this Period 1703.00									
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President President State: District: Subtotal of Disbursements This Page (optional)	C.			Date of Disburse	ement				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Subtotal of Disbursements This Page (optional)				M M / D	D / Y Y Y Y				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substotal of Disbursements This Page (optional)	Mailing Address								
Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute Subst	City	State Zip Code							
Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute Subst		· 							
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement				5.1				
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Catagory	Amount of Each	Disbursement this Period				
Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)			Type						
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)									
State: District: SUBTOTAL of Disbursements This Page (optional)		·							
19590 11		Circl (Speeliy)							
19590 11									
TOTAL This Period (lest page this line number only)	SUBTOTAL of Disbursements This Page (optional)				1703.00				
	TOTAL This Davied (lost none this line name) and a				18589.11				

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

9 **X** 10

OF

12

NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Compliance Consulting** Huckaby Davis Lisker Inc. Mailing Address 228 S. Washington St., Ste. 115 State Zip Code Alexandria 22314 Transaction ID: SD10.82336 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7516.96 7516.96 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Fundraising Consulting** Lilly & Company Mailing Address 1005 Congress Ave., Ste. 910 City State Zip Code Austin 78701 TX Outstanding Balance Beginning This Period Transaction ID: SD10.82235 5000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 5000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Fees Squire Patton Boggs Mailing Address 2550 M Street, NW Zip Code City State Washington DC 20037 Transaction ID: SD10.82236 Outstanding Balance Beginning This Period 4223.07 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 4347.07 124.00 16864.03 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 12 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

12

NAME OF COMMITTEE (In Full)
HOUSE CONSERVATIVES FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Lukens Company

Nature of Debt (Purpose):
Direct Mail

A. Full Name (Last, First, Middle Initial) of Debto The Lukens Company	Nature of Debt (Purpose): Direct Mail	
Mailing Address 2800 Shirlington Rd.		
City State	Zip Code	
Arlington	VA 22206	
Outstanding Balance Beginning This Period		Transaction ID: SD10.82232
500.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	500.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (Purpose):
The Pipes Company		Communications Consulting
Markey Address		
Mailing Address 3605 Kimberly		
City State	Zip Code	
Fort Worth	TX 76133	
Outstanding Balance Beginning This Period		Transaction ID : SD10.82338
Outstanding Balance Beginning This Period 0.00		Transaction ID: SD10.82338
	Payment This Period	Transaction ID: SD10.82338 Outstanding Balance at Close of This Period
0.00	Payment This Period	Outstanding Balance at Close of This Period
0.00 Amount Incurred This Period 6000.00	0.00	Outstanding Balance at Close of This Period
0.00 Amount Incurred This Period	0.00	Outstanding Balance at Close of This Period
0.00 Amount Incurred This Period 6000.00	0.00	Outstanding Balance at Close of This Period
0.00 Amount Incurred This Period 6000.00	0.00	Outstanding Balance at Close of This Period
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto	0.00	Outstanding Balance at Close of This Period
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto Mailing Address	o.oc	Outstanding Balance at Close of This Period
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto Mailing Address City	o.oc	Outstanding Balance at Close of This Period
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto Mailing Address City Outstanding Balance Beginning This Period	o.oc r or Creditor State Zip Code	Outstanding Balance at Close of This Period 6000.00 Nature of Debt (Purpose):
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto Mailing Address City	o.oc	Outstanding Balance at Close of This Period
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto Mailing Address City Outstanding Balance Beginning This Period	o.oc r or Creditor State Zip Code	Outstanding Balance at Close of This Period 6000.00 Nature of Debt (Purpose):
O.00 Amount Incurred This Period 6000.00 C. Full Name (Last, First, Middle Initial) of Debto Mailing Address City Outstanding Balance Beginning This Period	o.oc r or Creditor State Zip Code	Outstanding Balance at Close of This Period 6000.00 Nature of Debt (Purpose):

1) SUBTOTALS This Period This Page (optional)	6500.00
2) TOTALS This Period (last page this line number only)	23364.03
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	23364.03